

# VISION

and

# P R E C I S I O N

MERRIL DAYTON, MD, LEADS  
THE DEPARTMENT OF SURGERY

By S. A. UNGER

## EDITOR'S NOTE

*The following is the second in a series of articles that profile department chairs who have joined the school in recent years, as well as highlight the goals they have set and notable achievements they have attained in collaboration with faculty and staff.*

*Should you wish to contact chairs profiled in this series, we invite you to do so by e-mailing them at the address provided at the end of each article.*

—S. A. UNGER

When

Merril Dayton, MD, chair of the Department of Surgery, talks about the value of hard work and responsibility at an early age, his words are grounded in a literal understanding of what it means to “do the heavy lifting” necessary to get a job done.

In a recent interview in his office at Buffalo General Hospital, Dayton responds to questions about his formative years by explaining that he was raised in Wyoming on a cattle ranch that his family has owned and operated since 1906.

“I grew up doing the hard work you do on a ranch—baling hay, milking cows and changing sprinkler pipe,” he says.

“Unlike here in Western New York, you have to irrigate your crops. Nothing grows there if you don’t,” he adds with a smile.

Despite his strong, multigenerational ties to the land, Dayton says he realized when he was quite young that he didn’t want to work as a rancher the rest of his life, so he set his sights on a career as a physician. An older brother was also interested in medicine and went on to train as an obstetrician-gynecologist, and an uncle was a family physician.

“Both of them had a profound impact on me and shaped my decision to consider medicine,” Dayton recalls, “so I knew by the time I was in grade school that was what I wanted to do.”



*nathan* influential role model was his father, a self-educated man who, in addition to ranching, served as a state senator and chairman of the local school board.

After graduating from high school (in a class of 12 students), Dayton left Wyoming to attend Brigham Young University (BYU) in Provo, Utah, where he enrolled in pre-med courses.

After his first year at BYU, he took a leave from college to complete a two-year mission for the Mormon Church, spending time in Los Angeles and Phoenix, where his Spanish-speaking skills were in demand.

After returning to BYU, Dayton completed his degree in zoology and then entered the University of Utah (UT) College of Medicine in Salt Lake City.

While completing his surgical rotation during his third year of medical school Dayton worked on the service of Frank Moody, who was the chair of the UT Department of Surgery at the time.

"He was a very influential surgeon and a stimulating, high-energy man," Dayton says of Moody. "After being on his service and seeing what he did, I decided I wanted to go into surgery."

In 1976, Dayton began his surgical residency training at the University of California at Los Angeles (UCLA). Accompanying him were his wife, Susan, and their two young sons. (The couple now has five grown sons and four grandchildren, most of whom reside in the Salt Lake City area.)

"At the time I was accepted at UCLA to do my surgical residency, it was a 'pyramidal residency,' which is something that isn't done anymore," Dayton explains. "What it meant was that we started out with 18 residents competing for six spots and, two years later, if you survived, you went on. I was one of the lucky ones who survived."

#### A CHANGE IN DIRECTION

Of the seven years Dayton spent in residency training at UCLA, one was spent as chief resident and two were devoted to full-time research in the laboratory of Charlie Code, a pioneering gastrointestinal physiologist.

The intensive research experience changed the course of Dayton's career, directly influencing him to pursue academic medicine instead of going into private practice.

"It was the thrill of discovery [that influenced my decision], the idea that we were uncovering new knowledge with the research we were doing; it was also the idea that academic surgeons tend to be the thought leaders in the country in terms of what direction surgery is going," he explains. "Too, I was influenced by the fact that academicians are given the privilege of training medical students and residents, as well as providing patient care, which I loved the most. So, I found this chance to do other things very appealing."

In his third year of residency Dayton decided to subspecialize in gastrointestinal (GI) surgery. Again, it was the diversity of challenges that appealed to him. "I really liked the richness of the GI experience—the fact that I could work on the liver, the pancreas, the stomach, the esophagus, the small and large intestine and the rectum, and not just one part of the body," he says.

#### IMMERSION IN ACADEMIC MEDICINE

Following residency training, Dayton stayed at UCLA and completed a fellowship in GI surgery, after which he accepted a position as assistant professor of surgery at the University of Iowa in Iowa City, where he stayed for three years.

While on faculty at Iowa, Dayton had an opportunity to pursue a burgeoning interest he had in medical education. He joined the Association for Surgical Education (ASE) and immersed himself in designing curriculum and looking at new ways to educate students and residents. In 1993, he served as president of the association.

When asked what motivated him to dedicate so much time and energy to the ASE, Dayton says: "I noticed that medical students, in particular, were neglected by surgeons. There's a tendency instead for surgeons to focus all their interest on residents because the residents are their product, whereas the medical students rotate through and you never see them again.

"I recognized the need to pay attention to medical students and to give them a quality education experience, not with the expectation that I would recruit them to surgery, but



Merril Dayton, MD

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with the idea that every doctor, regardless of his or her specialty, should have a fundamental knowledge of basic surgical principles so that they will know when to refer patients."

His interest in medical education led Dayton to co-author *The Essentials of General Surgery*, which today is a core textbook for medical students. He began work on the book after he was recruited back to the University of Utah by Peter F. Lawrence, MD, senior author on the book, who currently is professor of surgery at UCLA.

During the 17 years that he was on the faculty at UT, Dayton established a national reputation as a surgeon due to his participation in the development of ileal pouch anal anastomosis, a complex procedure that revolutionized treatment of ulcerative colitis. He also established a research program that focused on the study of gastric mucosal physiology and which contributed new insights into how circadian rhythms play a role in protecting the stomach against self-digestion.

#### BUILDING "A GREAT DEPARTMENT"

In 2003, Dayton was recruited to chair the Department of Surgery at UB and began in this role on June 1 of that year.

In the four years since coming to UB, he has defined clear-cut objectives aimed at achieving his overall goal, which is "to build a great department of surgery."

"To do this," he says, "you have to have excellent teaching, you have to have cutting-edge research, and you have to have a mature, well-developed clinical mission."

Underlying Dayton's strategy to attain these objectives has been his effort to unite his "very talented pool of faculty"—an effort that is complicated by the fact that the faculty are located at multiple practice sites throughout Buffalo.

"The esprit de corps among faculty was somewhat diminished [when I took over as chair]," he says. "Basically, there were six different hospitals that had academic surgeons, but they weren't as cohesive a group as they might have been and, as a result, I think they really didn't feel like an organized department."

Other challenges Dayton identified included an insufficient focus on research within the department and a residency program that was not attracting as many American medical graduates as it might have been.

"Because research had not been emphasized in the department, junior faculty were not getting protected laboratory time, which is something I feel very strongly about," he explains.

In addition to reshaping the department's mission to ensure that such time is available to faculty, Dayton has instituted an annual Department of Surgery Research Day, which is thriving.

He also made it a requirement that surgical residents complete a major research project before graduating, and he has stipulated that a criterion for faculty promotion and tenure is whether or not individuals are conducting research.

To build cohesion among members of the department, he holds regular faculty meetings and emphasizes that faculty need to attend at least half of the surgical Grand Rounds, no matter which hospital they are working at, with the goal being "to put the 'grand' back in our Grand Rounds again."

As a result of these and other initiatives, the department has experienced a tenfold increase in grant funding over the last four years, and the number of faculty and residents conducting research has grown significantly.



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Assistant Professor of Surgery Weidun A. Guo, MD, second from the left, teaching in the Trauma Intensive Care Unit at Erie County Medical Center.

“I think people know that I value research a great deal and that it's the part of our mission that makes us unique as an academic department of surgery,” Dayton observes. “If we teach and do clinical practice only, we are not fulfilling our responsibilities as academic surgeons. We've got to be more than clinicians, and so that's why I push research so hard.”

**THE ACADEMICIAN'S EDGE**

Another aspect of the department's mission that Dayton has sought to reinvigorate is its training of residents and fellows.

The department's residency program accepts nine new residents a year for a five-year training program, in addition to about eight preliminary residents (those who have not yet committed to a particular area of specialty).

“When I began as chair [at UB], we were not matching a sufficient number of graduates from U.S. medical schools to our program,” explains Dayton. “This has gradually changed and, last year, 90 percent of the residents met this criterion.”

Efforts to strengthen the department's fellowship programs reflect Dayton's view that academic surgeons, if they are to be successful, need to have a special expertise.

“As academic surgeons,” he reiterates, “we need to bring something to the table that the rest of the community can't offer, and so that's why we have developed programs like the complex endovascular program, where we do vascular surgery from within the artery instead of making big incisions. We have an obesity surgery program that didn't exist four years ago, where we can now do stomach stapling laparoscopically, instead of using the open technique.”

Currently, the department offers fellowships in four areas: vascular surgery, colorectal surgery, oncologic surgery and pediatric surgery. Looking to the future, Dayton would like to establish (or reestablish) programs in plastic surgery, cardiothoracic surgery and trauma/critical care surgery.

**STRONG FACULTY AND LEADERSHIP**

Since assuming the role of chair, Dayton has recruited 20 new faculty to UB and notes that, “fortunately, in addition to the university, the hospitals have been very helpful in coming up with salary lines to help me do that, especially [Kaleida Health System's] Buffalo General Hospital, Erie County Medical Center and the VA Medical Center.”

When asked how he has managed to be so successful in his recruiting efforts, Dayton says: “I think it's related to having a vision of what you want to have happen and being able to say to candidates that the medical school and the hospitals support this vision, that they see it is a good thing because it will bring additional sophistication and expertise to the local health-care system and will benefit the patients of Western New York.

“If you can do that,” he adds, “nobody is going to say no.”

Dayton explains that one of his biggest ongoing challenges as chair is to both recruit and retain leaders for the department's divisions. Currently, he is conducting searches for leaders of the divisions of trauma/critical care, cardiothoracic surgery, and plastic surgery, the latter two of which will be organized as new divisions as part of Dayton's quest to “build a full-service academic department of surgery.”

The ideal candidate for such positions, he says, “is an individual who is a ‘triple threat,’ which, in an academic sense, is someone who has an established research program, an identified clinical mission and who is a good teacher.”

While conceding that such individuals are rare and difficult to recruit, Dayton says he has good reason to set his sights high due to the strength of the existing divisions in the department.

As an example, he points to the Division of Trauma and Critical Care, which was formerly led by Roger Siebel, MD '66, who died in February 2007. The division is based at

Erie County Medical Center, which houses a Level 1 Trauma Center.

“This center was recently rated number one in the state in their survival for blunt and penetrating trauma, in competition with 44 other Level 1 trauma centers,” says Dayton. “That's a remarkable accomplishment. It means that if you're injured in the State of New York, Buffalo is the best place to have that injury occur because your care will be outstanding. It was largely Roger's influence, with the support of his faculty at ECMC, who developed what is one of the outstanding trauma centers in the U.S. He's missed a great deal.”

In describing his goal to recruit an individual to head the division who will not only maintain but also build upon this culture of excellence, Dayton encapsulates his overall vision for the Department of Surgery.

“I'm looking for a new chief of that division who has the clinical piece, but who also really has a passion for research—to study injury and to study why people respond the way they do to injury, as well as to explore what can be done to ameliorate those patterns,” he says.

“There has to be this complementary focus on research because research is the currency of academia,” he continues. “It's that simple. And if you as a department don't buy in to the idea that you need to seek out new knowledge and push beyond the envelope—do all the things that academicians are supposed to do—then you can never have real credibility in academic medicine. So I feel strongly about the research mission. And I feel strongly about the teaching mission; I want our faculty to be the best teachers in the school of medicine.

“I have a tremendously talented surgery faculty who I know can achieve this vision,” he adds. “Every day they inspire me by the quality of work they do. My job is to convince them of the talent they have.” **BP**

*For more information about the Department of Surgery, or to contact Dr. Dayton, e-mail Donna Christiansen, assistant to the chair, at ddc4@buffalo.edu.*

*The Roger W. Seibel, MD  
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Update*

*In the spring of 2007* the Department of Surgery established The Roger W. Seibel, MD Memorial Residents' Fund to support surgical residents in their scholarly activities.

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